#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

			ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri fitzpatrick	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	11/23/2016
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	-		LMY-N1
PERMIT NUMBER	Ī		DISCHARGE NUMBER
MONIT	OR	RING	G PERIOD
MM/DD/YYYY			MM/DD/YYYY
10/01/2016	]		12/31/2016
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORING MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	25	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.102	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri fitzpatrick	TELEP	HONE	DATE
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Everett, MA 02149

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2016 12/31/2016

DMR Mailing ZIP CODE:

**P CODE**: 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	51	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2016

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

			QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.091	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 MY1-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2016

MY1-LB
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE: 02703

illing zii GOBE. GE

 $\mathsf{MINOR}$ 

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

			QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427		MY1-N1
Γ	PERMIT NUMBER		DISCHARGE NUMBER
Π	MONIT	ORI	NG PERIOD
	MM/DD/YYYY	٠ آ	MM/DD/YYYY
	10/01/2016	]	12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	****	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	.361	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.285	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	50	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTLEBORO, MA 02703

MAR053427 MY1-UB

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2016

MY1-UB

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-ZB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE:

annig En CODE.

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.117	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Γ	MAR053427	ſ	TSY-LB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2016	7	12/31/2016

DMR Mailing ZIP CODE: 02703

ming 211 00DE. 02

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.124	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

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	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY	]		MM/DD/YYYY
	10/01/2016	]		12/31/2016

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	130	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	5.68	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.39	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	144	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	239	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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Everett, MA 02149

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 TSY-ZB
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2016 12/31/2016

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.912	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

01/01/2017

MAR053427

LMY-LB
DISCHARGE NUMBER

MM/DD/YYYY

03/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)4/17/2017
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427	-		LMY-N1
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER
_	MONUT	~ <u>.</u>	DINI	G PERIOD
	MONT	ᅜ	KIIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2017	]		03/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.728	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.05	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2017 01/01/2017

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | LMY-ZB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.189	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	MY1-LB
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 02703

g ZIF CODE. 02

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427			MY1-N1
PERMIT NUMBER	ſ		DISCHARGE NUMBER
MONIT		INI	C DEDIOD
MONT	ᅜ	KIIN	G PERIOD
MM/DD/YYYY			MM/DD/YYYY
01/01/2017			03/31/2017
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.455	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.37	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	47	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	18	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2017 01/01/2017

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.042	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-LB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017	

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.022	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

TSY-N1
DISCHARGE NUMBER
ORING PERIOD
MM/DD/YYYY
03/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	2.47	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.548	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	90	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	HONE	DATE
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TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | TSY-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.15	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	keri beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | LMY-LB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)7/14/2017
TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

ı	MAR053427			LMY-N1	
	PERMIT NUMBER		D	ISCHARGE NUMBER	
	MONIT	ORI	NG	PERIOD	
	MM/DD/YYYY	]		MM/DD/YYYY	
	04/01/2017	]		06/30/2017	

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**ZIP CODE:** 02703

 ${\sf MINOR}$ 

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-LB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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# DISCHARGE MONITORING REPORT (DMR)

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	-		MY1-N1
PERMIT NUMBER	ſ		DISCHARGE NUMBER
MONUT		NI NI	C DEDICE.
MONT	$^{\circ}$	CHA	G PERIOD
MM/DD/YYYY			MM/DD/YYYY
04/01/2017	]		06/30/2017
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.225	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	97	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEPI	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

E: 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.039	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

 MAR053427
 TSY-N1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2017
 MM/DD/YYYY

 06/30/2017

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	184	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.76	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	.056	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	116	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**DDE:** 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	<= 1	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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#### **DISCHARGE MONITORING REPORT (DMR)**

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02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-ZB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017	

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.013	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427			LMY-IW				
PERMIT NUMBER	Γ	DISC	HARGE NUMBE	R			
MONITORING PERIOR							
MONT	$\underline{\cup}$ R	NG PE	RIUD				
MM/DD/YYYY			MM/DD/YYYY				
10/01/2016			09/30/2017				
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITORI  MM/DD/YYYY	PERMIT NUMBER DISC  MONITORING PE  MM/DD/YYYY	PERMIT NUMBER  DISCHARGE NUMBE  MONITORING PERIOD  MM/DD/YYYY  MM/DD/YYYY			

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.041	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/18/2017	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	LMY-IW	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017	

DMR Mailing ZIP CODE:

**DE**: 02703

 ${\sf MINOR}$ 

Impaired Water External Outfall

No	
Diacharea	-

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6000	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.04	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427			LMY-N1				
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER				
_	MONITORING PERIOD							
	MONT	<u>U</u> H	CIIN	G PERIOD				
	MM/DD/YYYY			MM/DD/YYYY				
	07/01/2017			09/30/2017				

DMR Mailing ZIP CODE: (

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	34	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	****	****	1.08	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.322	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	512	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Γ	MAR053427		LMY-UB				
Г	PERMIT NUMBER	DISCHARGE NUMBER					
$\overline{}$							
	MONITO	DRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	07/01/2017	1	09/30/2017				

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	233	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.142	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427			MY1-IW			
	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITORING PERIOD						
	MM/DD/YYYY			MM/DD/YYYY			
	10/01/2016	]		09/30/2017			

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.14	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.007	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.034	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	*****	****	1300	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-IW |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischange	J

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | MY1-LB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 09/30/2017 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.034	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	-	MY1-N1	
PERMIT NUMBER	Γ	DISCHARGE NUMBER	
MONIT	OR	RING PERIOD	
MM/DD/YYYY		MM/DD/YYYY	
07/01/2017		09/30/2017	
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  DISCHARGE NUMBER  MONITORING PERIOD  MM/DD/YYYY  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No .

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	123	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	2.42	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.989	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	70	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEPI	HONE	DATE
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	66	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.2	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427	-		TSY-IW
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2016			09/30/2017

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADII	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<= .1	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.033	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	50	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	10/18/2017
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-IW	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017	

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	400	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-LB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017	

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.033	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	-		TSY-N1
PERMIT NUMBER			DISCHARGE NUMBER
MONIT	OF	RIN	G PERIOD
MM/DD/YYYY	]		MM/DD/YYYY
07/01/2017	]		09/30/2017

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	1.12	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.461	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	42	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	87	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

annig 2.1. 00D2. 02

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.215	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017

LMY-LB

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.041	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	pure and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427		LMY-N1
PERMIT NUMBER	Г	DISCHARGE NUMBER
MONIT	ORI	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2017	]	12/31/2017
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITORI  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	*****	.362	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.041	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	86	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 LMY-UB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2017 12/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	84	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2017 MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE:

**DE**: 02703

 ${\sf MINOR}$ 

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.204	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	pure and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-LB

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2017 12/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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# DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427		MY1-N1
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
_	MONIT	ORI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2017	]	12/31/2017

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	TITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	.143	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.139	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017 10/01/2017

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	12/26/2017
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017 12/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.126	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 TSY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2017 MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427	-		TSY-N1	
	PERMIT NUMBER			DISCHARGE NUMBER	
	MONIT	OR	IN	G PERIOD	_
	MM/DD/YYYY			MM/DD/YYYY	_
	10/01/2017	]		12/31/2017	
					_

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	****	37	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	2.36	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	1.61	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 TSY-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017 10/01/2017

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	68	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.073	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2018 01/01/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.007	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149 FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427	-		LMY-N1
Γ	PERMIT NUMBER	Γ		DISCHARGE NUMBER
_	MONIT		ING	PERIOD
	IVICINITY	<u>u</u> r	IIVC	FERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2018	]		03/31/2018

DMR Mailing ZIP CODE:

02703

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

MINOR

No

		QUAN	ITITY OR LOADIN	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.698	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	71	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | LMY-UB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	16	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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ATTLEBORO, MA 02703

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DMR Mailing ZIP CODE:

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MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.132	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		)6/08/2018
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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· · · ·		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 PERMIT NUMBER			MY1-N1
PERMIT NUMBER			DISCHARGE NUMBER
MONIT	OR	RIN	G PERIOD
MM/DD/YYYY			MM/DD/YYYY
01/01/2018			03/31/2018
	MONIT	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	*****	29	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.58	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.476	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	25	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Γ	MAR053427		MY1-UB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u>D</u> R	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2018	7	03/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	13	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)6/08/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2018

MY1-ZB
DISCHARGE NUMBER

MM/DD/YYYY
03/31/2018

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 TSY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2018

MAR053427 TSY-LB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
03/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.176	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)6/08/2018
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427	1		TSY-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	INC	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2018			03/31/2018

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No .

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	374	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	4.62	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	3.8	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	147	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

				QUANTITY OR LOADING			CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	328	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-ZB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018	

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.79	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

04/01/2018

MAR053427 LMY-LB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

ı	MAR053427	-		LMY-N1
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER
_	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY	]		MM/DD/YYYY
	04/01/2018	]		06/30/2018

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.146	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.071	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	66	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	197	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.123	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

		certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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Ì	TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

R
R

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	3.18	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.24	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	113	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

Γ	MAR053427		MY1-ZB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)F	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2018	7	06/30/2018

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.053	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEPHONE		DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	)6/29/2018	
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-LB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018	

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	)6/29/2018	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

1	MAR053427		TSY-N1
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2018		06/30/2018
	MM/DD/YYYY	ORII	MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.38	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.886	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	54	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

				QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	66	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-ZB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018	

DMR Mailing ZIP CODE:

**DDE**: 02703

 $\mathsf{MINOR}$ 

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.145	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427		LMY-IW		
	PERMIT NUMBER		DISCHARGE NUMBER		
MONITORING PERIOD					
	MM/DD/YYYY	7	MM/DD/YYYY		
	10/01/2017	]	09/30/2018		

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	.22	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.004	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	****	****	< 10	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	10/15/2018
TYPED OR PRINTED	une and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2018 10/01/2017

DMR Mailing ZIP CODE:

02703

MINOR

Impaired Water **External Outfall** 

No	
Discharge	_

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2018

MAR053427 LMY-LB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427		LMY-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORI	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
07/01/2018	]	09/30/2018
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.801	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.047	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	30	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2018 09/30/2018

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | LMY-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.062	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427			MY1-IW
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY	7		MM/DD/YYYY
	10/01/2017	]		09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	.28	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.006	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	*****	****	19000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/15/2018	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427		MY1-IW
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2017	1	09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Discharge	

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		0,		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	36000	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and any isomical for knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	Control of the properties of the state of th	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427		MY1-N1						
PERMIT NUMBER	Γ	DISCHARGE NUMBER						
MONIT	ORI	ING PERIOD						
MM/DD/YYYY		MM/DD/YYYY						
07/01/2018	]	09/30/2018						
	PERMIT NUMBER  MONITO  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY						

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.118	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.145	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	53	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	28	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS  Quarterly	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.058	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		10/15/2018
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

ı	MAR053427		TSY-IW	
PERMIT NUMBER			DISCHARGE NUI	MBER
	MONIT	ORI	NG PERIOD	
	MM/DD/YYYY		MM/DD/YY	ΥΥ
	10/01/2017	]	09/30/201	18

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.44	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= .005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.022	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6200	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	une and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Laboratory reported fecal coliform as TNTC "too numerous to count"

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427		TSY-IW					
Г	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2017	1	09/30/2018					

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Discharge	

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		10/15/2018
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Laboratory reported fecal coliform as TNTC "too numerous to count"

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | TSY-LB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.022	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427	-		TSY-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2018			09/30/2018

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	52	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	1.12	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	82	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

 ${\sf MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

				QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	55	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | TSY-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2018 | 09/30/2018 |

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.125	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and any isomical for knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2018

MAR053427 LMY-LB
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE:

02703

 ${\sf MINOR}$ 

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.009	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)1/18/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427			LMY-N1
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER
_	MONIT	<u>~</u>	INI	G PERIOD
	MONT	ᅜ	CIIV	G FERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2018			12/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	TITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.601	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.028	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	56	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | LMY-UB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2018

MAR053427 LMY-ZB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.152	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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## DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Everett, MA 02149

Γ	MAR053427	ſ	MY1-LB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u>O</u> R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	7	12/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING		O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

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**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

ı	MAR053427		MY1-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2018	7	12/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.93	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.146	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	17	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2018 10/01/2018

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.063	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 TSY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2018

TSY-LB
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2018

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427		TSY-N1		
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER		₹
_	MONIT	OR	RING PERIOD	RING	
	MM/DD/YYYY	]	MM/DD/YYYY		
	10/01/2018	]	12/31/2018		

DMR Mailing ZIP CODE: 02703

laining zii CODE.

 $\mathsf{MINOR}$ 

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.25	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.202	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	28	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

Γ	MAR053427		TSY-UB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2019	٦.	12/21/2010

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 TSY-ZB
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2018 12/31/2018

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.066	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | LMY-LB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.009	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)4/08/2019
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427	-		LMY-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2019			03/31/2019

DMR Mailing ZIP CODE: 02703

naming zin CODE.

 $\mathsf{MINOR}$ 

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.24	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.142	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	329	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**P CODE**: 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	73	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ame and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

copper also detected in laboratory method blank

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | LMY-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.252	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427		MY1-N1	
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	MM/DD/YYYY	╛	MM/DD/YYYY	
	01/01/2019		03/31/2019	

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.726	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.364	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	21	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper also detected in laboratory method blank

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.036	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	TSY-LB	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019	

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427		TSY-N1	
PERMIT NUMBER		DISCHARGE NUMBER	
MONIT	OR	RING PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY	
01/01/2019		03/31/2019	
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  DISCHARGE NUMBER  MONITORING PERIOD  MM/DD/YYYY  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	.616	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.351	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	<= 10	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	15	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Copper also detected in laboratory method blank

#### DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.047	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.034	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

ı	MAR053427	1	LMY-N1	
Γ	PERMIT NUMBER		DISCHARGE NUMBER	
_	MONIT	OR	RING PERIOD	_
	MM/DD/YYYY		MM/DD/YYYY	
			06/30/2019	

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	1.64	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.347	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	26	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ance and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 LMY-UB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

04/01/2019 06/30/2019

DMR Mailing ZIP CODE:

3

02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	77	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 06/30/2019

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.165	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427			MY1-N1
PERMIT NUMBER	Γ		DISCHARGE NUMBER
MONUT		INI	C DEDIOD
IVIOINTI	ᅜ	HIN	G PERIOD
MM/DD/YYYY			MM/DD/YYYY
04/01/2019			06/30/2019
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.662	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.407	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	97	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ance and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 06/30/2019

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	30	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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Everett, MA 02149 FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 06/30/2019

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.052	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

Γ	MAR053427	ſ	TSY-LB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	7	06/30/2019

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 2				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	TSY-N1						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
04/01/2019	06/30/2019						

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	****	NODI 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 2				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 2				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 2				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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#### DISCHARGE MONITORING REPORT (DMR)

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**ADDRESS**: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 2				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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#### DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO **LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**DE**: 02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 2				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	-		LMY-IW			
PERMIT NUMBER	Ī		DISCHARGE NUMBER			
MONITORING PERIOD						
MM/DD/YYYY			MM/DD/YYYY			
10/01/2018			09/30/2019			
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORING MM/DD/YYYY			

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Diachares	

		QUAN	ITITY OR LOADII	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<= .1	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.004	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= 1	CFU/100ml		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/24/2019	
TYPED OR PRINTED	une and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2019 10/01/2018

DMR Mailing ZIP CODE:

02703

MINOR

Impaired Water **External Outfall** 

No	
Diachanna	

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3300	CFU/100ml	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	-		LMY-N1					
PERMIT NUMBER			DISCHARGE NUMBER					
MONITORING PERIOD								
MM/DD/YYYY			MM/DD/YYYY					
07/01/2019			09/30/2019					

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.39	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.016	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	41	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.053	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427			MY1-IW		
PERMIT NUMBER			DISCHARGE NUMBER		
	MONITORING PERIOD  YYY MM/DD/YYYY				
MM/DD/YYYY			MM/DD/YYYY		
10/01/2018	]		09/30/2019		
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY		

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	<= .15	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	<= .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.013	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	<= 1	CFU/100ml		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	une and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2019 10/01/2018

DMR Mailing ZIP CODE:

02703

MINOR

Impaired Water **External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3200	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.013	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	MY1-N1							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2019	09/30/2019							

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	20	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.28	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.947	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	48	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**ZIP CODE:** 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	29	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.072	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2019

MAR053427 LMY-LB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.019	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	12/19/2019
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

l	MAR053427		LMY-N1
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
_	MONIT	OPI	ING PERIOD
		<u> </u>	ING I ERIOD
	MM/DD/YYYY	╛	MM/DD/YYYY
	10/01/2019		12/31/2019

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No .

		AND	ITITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.07	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.276	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	86	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		12/19/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

Г	MAR053427		LMY-UB					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2019	7	12/31/2019					

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	58	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2019

LMY-ZB
DISCHARGE NUMBER

MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.264	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Γ	MAR053427		MY1-LB					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	<u> 2</u> R	RING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2019	7	12/31/2019					

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	<= .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and improdument for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MY1-N1
HARGE NUMBER
IOD
MM/DD/YYYY
12/31/2019

DMR Mailing ZIP CODE: (

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.35	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.269	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	53	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-UB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2019 12/31/2019

DMR Mailing ZIP CODE:

**DDE**: 02703

 ${\sf MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-ZB

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MY1-ZB

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	G	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.099	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2020

MM/DD/YYYY
03/31/2020

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427			LMY-N1	
PERMIT NUMBER		D	ISCHARGE NUMBER	
MONUT	<u> </u>	1110	DEDICO	=
MONIT	<u>о</u> к	ING	PERIOD	
MM/DD/YYYY			MM/DD/YYYY	
01/01/2020			03/31/2020	_
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORING  MM/DD/YYYY	PERMIT NUMBER  DISCHARGE NUMBER  MONITORING PERIOD  MM/DD/YYYY  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.62	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.032	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)4/08/2020
TYPED OR PRINTED	ente and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

Г	MAR053427		LMY-UB			
	PERMIT NUMBER	IIT NUMBER DISCHARGE NUMBER				
	MONIT	7	RING PERIOD			
	MONTO	KING PERIOD				
	MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY				
	01/01/2020	7	03/31/2020			

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2020 03/31/2020

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.08	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

| MAR053427 | MY1-LB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.006	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)4/08/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

R
F

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.636	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.529	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	28	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	25	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

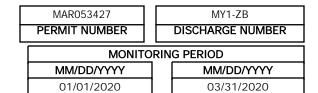
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703



DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.074	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

 ${\sf MINOR}$ 

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.012	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427		LMY-N1
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER
_	L AGNUT		NO DEDICE
	MONIT	OKII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	MM/DD/YYYY 04/01/2020		06/30/2020

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	12	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.76	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.64	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	37	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEPI	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 04/01/2020

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	57	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 04/01/2020

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.134	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-LB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 04/01/2020

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427			MY1-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY	]		MM/DD/YYYY
	04/01/2020	]		06/30/2020

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	*****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.225	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.164	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	29	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Keri Beck	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		)8/04/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

Γ	MAR053427		MY1-UB
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u>D</u> R	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2020	7	06/30/2020

DMR Mailing ZIP CODE:

· ·

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	15	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

				QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.059	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427			LMY-IW
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2019	]		09/30/2020

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Diacharea	

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.16	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .0005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< .002	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	62	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	06-7003	10/15/2020
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	ONITORING PERIOD				
PERMIT NUMBER	DISCHARGE NUMBER TORING PERIOD				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
10/01/2019	09/30/2020				

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· ·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	****	*****	650	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

07/01/2020

MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .002	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

Г	MAR053427			LMY-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2020			09/30/2020

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.443	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .01	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	49	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/15/2020	
TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2020 07/01/2020

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.		SAMPLE TYPE	
PARAMETER	VALUE VALUE UNITS V	VALUE	VALUE	VALUE	UNITS	EX					
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		10/15/2020
TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.056	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION:** 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427		MY1-IW						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
10/01/2019	]	09/30/2020						

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31	mg/L		Annual	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.003	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	16000	MPN/100m L		Annual	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI A				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/15/2020	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-IW |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2019 | 09/30/2020 |

DMR Mailing ZIP CODE: 02703

MINOR

Impaired Water External Outfall

No	
Dischause	J

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION	_	NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE VALUE UNITS EX OF		OF ANALYSIS	TYPE		
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	921	MPN/100m L	0	Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-LB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2020 | 09/30/2020 |

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427	-		MY1-N1
PERMIT NUMBER	ſ		DISCHARGE NUMBER
MONIT		INI	G DEDIOD
IVICIALL	۲'n		GFERIOD
MM/DD/YYYY	╛		MM/DD/YYYY
07/01/2020			09/30/2020
	PERMIT NUMBER  MONITO MM/DD/YYYY	PERMIT NUMBER  MONITOR  MM/DD/YYYY	PERMIT NUMBER  MONITORIN  MM/DD/YYYY

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	NG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.263	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.293	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	72	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	31	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.052	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2020

MAR053427 LMY-LB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)1/18/2021
TYPED OR PRINTED	pure and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427			LMY-N1
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER
_	MONIT	<u>~</u>	INI	G PERIOD
	MONT	ᅜ	CIIV	G FERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2020			12/31/2020

DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	TITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.745	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.038	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	73	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | LMY-UB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2020 | 12/31/2020 |

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	74	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel wroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	pure and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2020 12/31/2020

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.137	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 MY1-LB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2020 10/01/2020

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.003	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

ı	MAR053427		MY1-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020		12/31/2020

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.264	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.256	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	77	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

**DE**: 02703

 $\mathsf{MINOR}$ 

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	33	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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Everett, MA 02149

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**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | MY1-ZB |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2020 | 12/31/2020 |

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.057	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	pure and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-LB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.004	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

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DMR Mailing ZIP CODE: 02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	.535	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.053	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	52	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427 LMY-UB PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

MAR053427 LMY-ZB
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2021

MAR053427
LMY-ZB
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
03/31/2021

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.214	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.023 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	)4/10/2021
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

l	MAR053427			MY1-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2021			03/31/2021

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	11	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.24	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.07	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	48	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Copper: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	30	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.6 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The DMR for this constituent is late as it was inadvertently missed during the submittal of the other constituents on April 10, 2021.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

02703

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.057	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

| MAR053427 | LMY-LB |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2021 | 09/30/2021

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

			ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	24 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

MAR053427	-	LMY-N1	
PERMIT NUMBER	Γ	DISCHARGE NUMBER	
MONIT	<del>_</del>	DINC DEDICE	=
MONT	<u>U</u> R	RING PERIOD	
MM/DD/YYYY		MM/DD/YYYY	
07/01/2021		09/30/2021	
	PERMIT NUMBER  MONIT  MM/DD/YYYY	PERMIT NUMBER  MONITO  MM/DD/YYYY	PERMIT NUMBER  DISCHARGE NUMBER  MONITORING PERIOD  MM/DD/YYYY  MM/DD/YYYY

DMR Mailing ZIP CODE:

02703

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	8	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= 5	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	108	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	37	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	160	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	52 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION**: 136 BACON STREET

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Lead: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	24 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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**FACILITY:** SCHNITZER NORTHEAST - ATTLEBORO

LOCATION: 136 BACON STREET

ATTLEBORO, MA 02703

	MAR053427		MY1-N1
PEI	RMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2021	1	09/30/2021

DMR Mailing ZIP CODE:

lanning En CODE.

02703

 $\mathsf{MINOR}$ 

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	<= 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	185	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	25	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	*****	31	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SCHNITZER NORTHEAST - ATTLEBORO

**LOCATION: 136 BACON STREET** 

ATTLEBORO, MA 02703

DMR Mailing ZIP CODE:

02703

MINOR

Zinc: Water Hardness 25-49.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	66	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	52 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY